Table of Contents

State/Territory Name: Michigan

State Plan Amendment (SPA)#: 21-0003

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Chicago Regional Office 233 N. Michigan Suite 600 Chicago, Illinois 60601



June 25, 2021

Ms. Kate Massey Medicaid Director Medical Services Administration 400 S Pine St 7th Fl Lansing, MI 48933-2250

RE: State Plan Amendment (SPA) Transmittal Number 21-0003

ATTN: Erin Black

Dear Ms. Massey

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #: 21-0013: Medicaid Recovery Auditor Contractor (RAC) Program Process Exception

- Effective Date: April 1, 2021 through April 1, 2023
- ➤ Approval Date: June 3, 2021

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,

Ruth Hughes - Digitally signed by Ruth Hughes - Hughes - Date: 2021.06.25 15:25:37 -05'00'

Ruth A. Hughes, Acting Director Division of Program Operations

Enclosures

cc: Erin Black, MDHHS blacke@michigan.gov

TIE/LETTIO/ILLET IIV/ILOTTO / IDMINITION TO CITO	_	ONID 110. 0000 0100		
	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	F 21 - 0003	Michigan		
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX			
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	OT (MEDIOAID)		
TO: REGIONAL ADMINISTRATOR	TITLE XIX OF THE SOCIAL SECURITY A 4. PROPOSED EFFECTIVE DATE	(CT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION	April 1, 2021			
DEPARTMENT OF HUMAN SERVICES	Αρπ 1, 2021			
5. TYPE OF PLAN MATERIAL (Check One):				
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
Section 1902 (a)(42)(B)(i) of the Social Security Act	a. FFY 2021 \$0			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2022 \$0	DI ANI SECTIONI		
	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
General Program Administration, Page 36a of Section				
4.5(a)(1)	4.5(a)(1)	General Program Administration, Page 36a of Section		
	4.5(a)(1)			
10. SUBJECT OF AMENDMENT:				
This SPA updates the time period for the existing exception to the Recovery Audit Contractor (RAC) requirements.				
This SPA updates the time period for the existing exception to	o the Recovery Addit Contractor (RAC) require	ments.		
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Kate Massey, Director			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration				
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
L.M.—	TO. NETOKN TO.			
	Medical Services Administration			
Kate Massey	ctuarial Division - Federal Liaison			
	Capitol Commons Center - 7 th Floor			
	00 South Pine			
	Lansing, Michigan 48933			
15. DATE SUBMITTED:	Attn: Erin Black			
March 22, 2021	Aur. Erin black			
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: March 22, 2021	18 DATE APPROVED:			
Walton 22, 2021	June 3, 2021			
PLAN APPROVED - ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	nigitally signed by Ruth Hughes -S		
April 1, 2021 - April 2, 2023	Ruth Hughes -S	ate: 2021.06.25 15:26:16 -05'00'		
	22. TITLE: Acting Director			
Ruth A. Hughes	Division of Program Operations			
23. REMARKS:				

Revision: HCFA-PM-88-10 SEPTEMBER 19	(BERC)
State:	 MICHIGAN
Citation	
4.5(a)(1)	Medicaid Recovery Audit Contractor Program
Section 1902(a)(42)(B)(i) of the Social Security Act	The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.
	The State is seeking an exception to establishing such program for the following reasons:
	Due to program integrity policies and procedures now in place on the front end and the fact that the Michigan Medicaid population is predominately managed care, the existing Recovery Audit Contractor (RAC) indicated it was not interested in continuing. The State Of Michigan was unable to secure a new RAC who is interested and meets the minimum standards despite posting a request for proposal (RFP) multiple times in 2017.
	The State of Michigan has entered into a Joint Operating Agreement (JOA) with the CMS Unified Program Integrity Contractor to conduct audits on Michigan Medicaid providers The state requests that it be granted an exception to the RAC requirements to allow the State to expand utilization of this JOA to include RAC audits.
Section 1902(a)(42)(B)(ii)(I) of the Act	The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.
	Place a check mark to provide assurance of the following: The State will make payments to the RAC(s) only from amounts recovered.
	The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate. The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.

TN NO.: <u>21-0003</u> Approval Date: <u>6/3/21</u> Effective Date: <u>4/1/2021 to 4/1/2023</u>

Supersedes TN No.: 19-0003